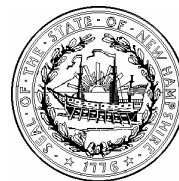


STATE OF NEW HAMPSHIRE
Department of Environmental Services
Air Resources Division
P.O. Box 95
Concord, NH 03302-0095
Telephone: 603-271-1370

Form
ARD-1



General Information for All Permit Applications

I. FACILITY INFORMATION - *Complete the following:*

A. Type of Application: ☐ New

☐ Renewal

☐ Modification

B. Physical Location:

C. Mailing Address:

Facility Name

Street/P.O. Box

Street

Town/City

State

Zip Code

Town/City

State

Zip Code

Telephone Number

D. USGS Coordinates:

UTM

or

Latitude/Longitude

Easting: _____ Deg _____ Min _____ Sec _____

Northing: _____ Deg _____ Min _____ Sec _____

E. Owner:

F. Parent Corporation:

Company

Company

Street/P.O. Box

Contact Person/Title

Town/City:

State

Zip Code

Street/P.O. Box

Telephone Number

Town/City:

State

Zip Code

Telephone Number

G. Contact Information

1. General/Technical Contact:

2. Application Preparation:

Contact Person

Company

Title

Contact Person

Address

Address

Town/City

State

Zip Code

Town/City

State

Zip Code

Telephone Number

Telephone Number

E-mail Address

E-mail Address

3. Legal Contact:

Contact Person
Title
Address
Town/City
State
Zip Code
Telephone Number
E-mail Address

4. Invoicing Contact:

Contact Person
Title
Address
Town/City
State
Zip Code
Telephone Number
E-mail Address

H. Major Activity or Product Descriptions - List all activities performed at this facility:

Description of Source or Process	SIC Code

I. Other Sources or Devices - List sources or devices at the facility (other than those that are the subject of this application) that are permitted pursuant to Env-A 600:

Source or Device	Permit #	Expiration Date

II. Total Facility Emissions Data:

Pollutant	CAS #	Actual (lb/hr)	Potential (lb/hr)	Actual (ton/yr)	Potential (ton/yr)

Note: For Regulated Toxic Air Pollutants list name and Chemical Abstract Service Number (CAS #) – use additional sheets if necessary.

III. Support Data *The following data must be submitted with this application:*

- ☐ A copy of all calculations used in determining emissions;
- ☐ A copy of a USGS map section with the site location clearly indicated; and
- ☐ A to-scale site plan of the facility showing:
 1. the locations of all emission points;
 2. the dimensions of all buildings, including roof heights; and
 3. the facility's property boundary.

IV. Certification (To be completed by a responsible official only):

I am authorized to make this submission on behalf of the affected source or affected units for which this submission is made. I certify under penalty of law that I have personally examined, and am familiar with, the information submitted in this document and all of its attachments. Based on my inquiry of those individuals with primary responsibility for obtaining the information, I certify that the statements and information are to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false statements and information or omitting required statements and information, including the possibility of fine or imprisonment.

Print/Type Name: _____ Title: _____

Signed: _____ Date: _____